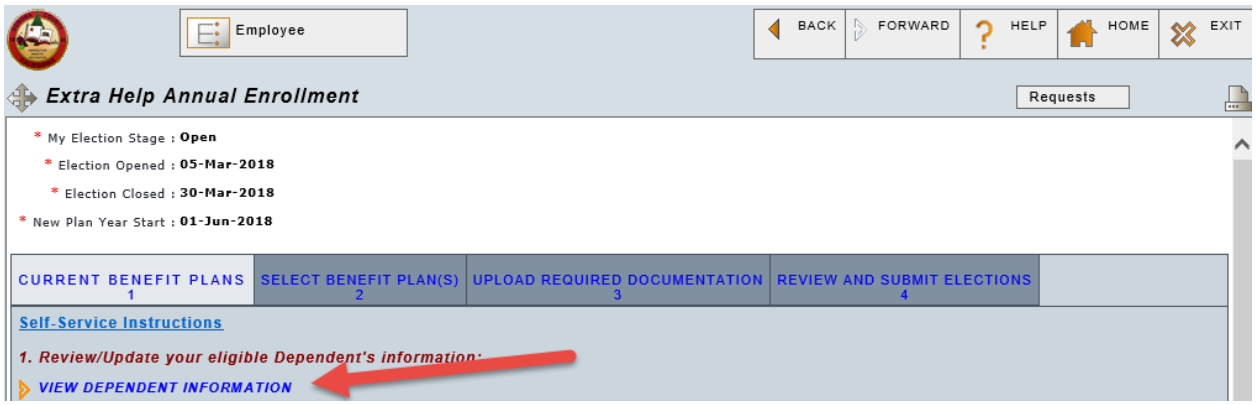
EMPLOYEE SELF-SERVICE

Employee Self-Service

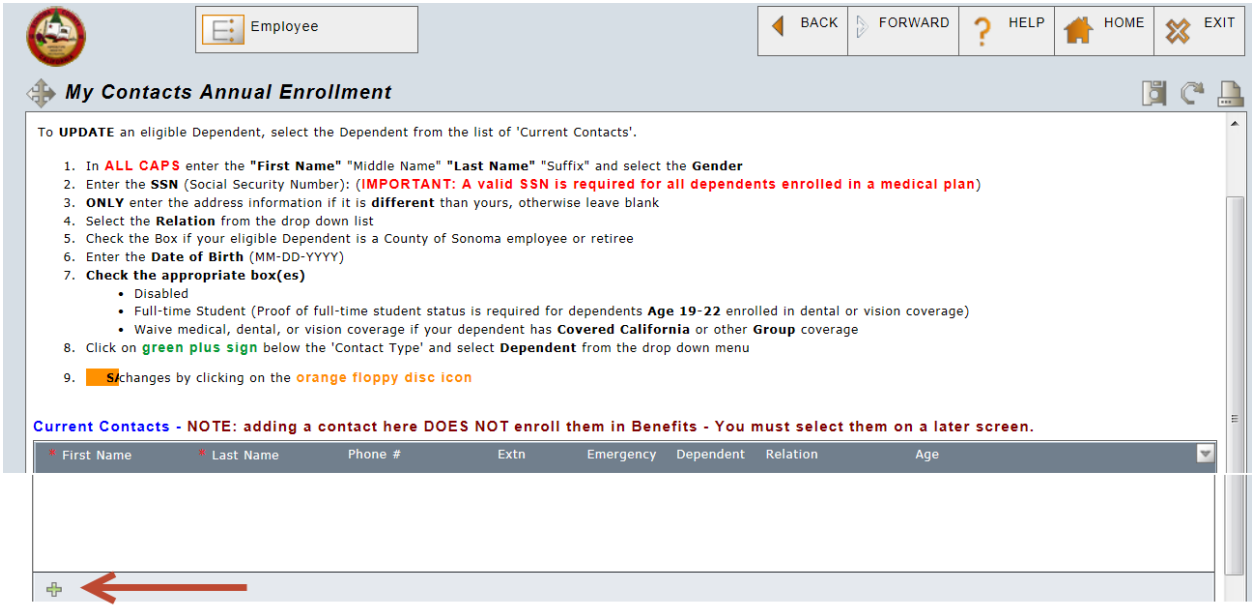
ANNUAL ENROLLMENT INSTRUCTIONS

To ADD or Update an eligible Dependent (including adding Primary Care Provider numbers for all Medical Plan dependents)

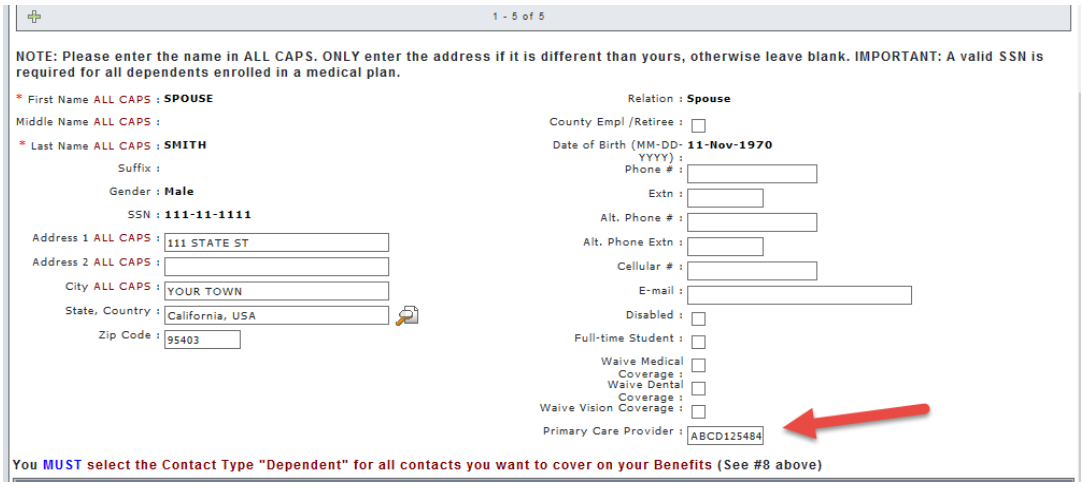
1. Click on the Annual Enrollment link in Employee Self Service. Select tab 1 'BENEFIT ELECTION OPTIONS'
2. Click on **VIEW DEPENDENT INFORMATION**



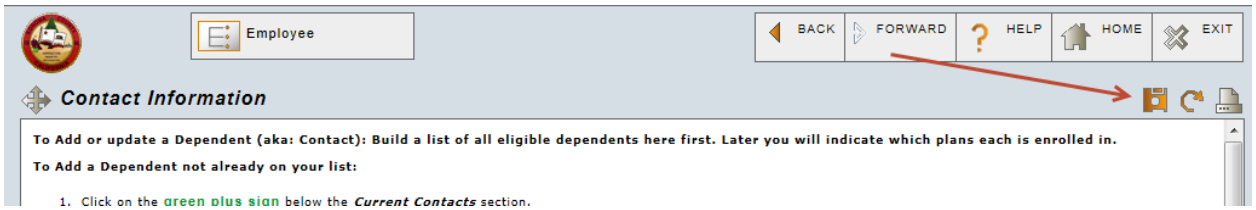
3. The 'My Contacts Annual Enrollment' screen will appear. Follow the instructions on the page to edit or update your dependents. Click on the green ➕ to add a dependent.



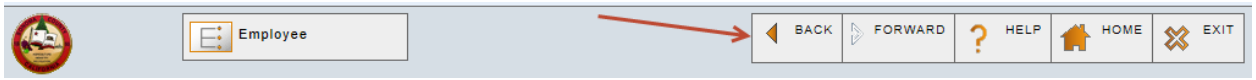
4. Add Primary Care Provider number to each Medical Dependent if you are enrolling in Sutter Health Plus or Western Health Advantage. **If you are waiving medical coverage for your dependent, mark the box for "Waived Medical Coverage".**



5. If you Add a new record or Update existing records, make sure you enter everything in ALL CAPS and select the floppy disc icon near the top right side of the page to save your changes.

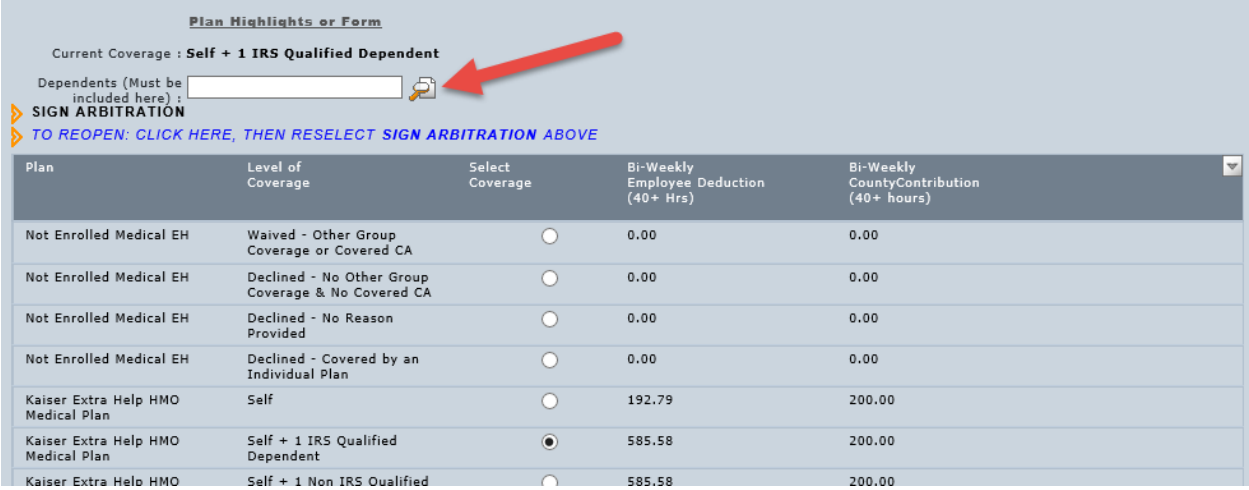


6. Once you are finished entering all of your eligible dependents you can click on the BACK arrow at the top of the screen to return to the "Annual Enrollment" screen where you will be able to add your dependents to your medical plan.

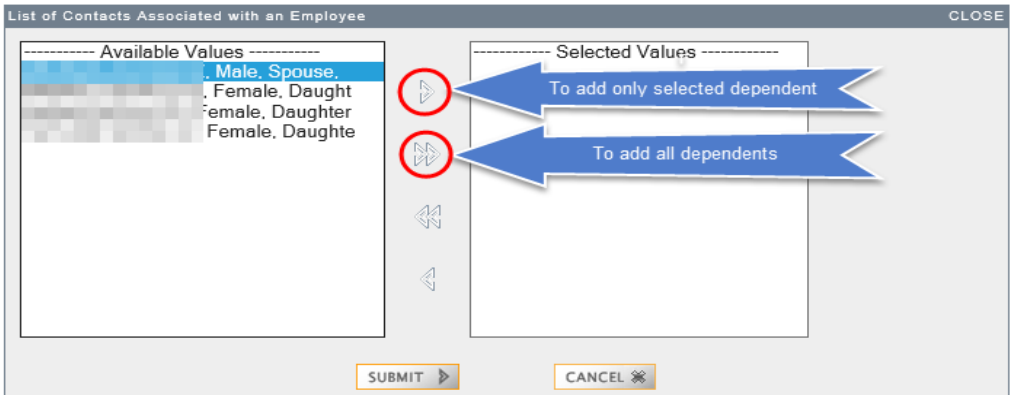


Select Benefit Plan(s)

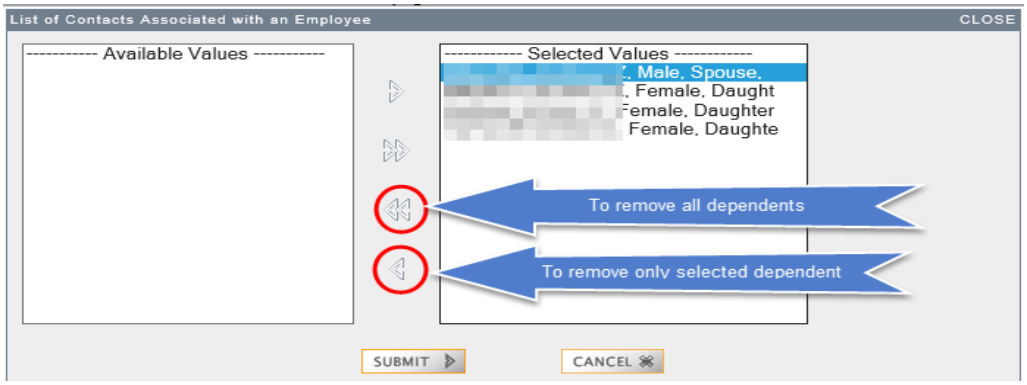
1. Select tab 2 “SELECT BENEFIT PLAN(S)”
2. For each plan listed (Vision, Medical, Dependent Life, Supplemental Life and Delta Dental) select the circle under “Select Coverage” to make your benefit plan elections.
3. If you select a change in coverage for any of your health plans and it affects your dependents, you must click on the magnifying glass next to the “Dependents” box to verify that the correct dependents are on each plan.



4. After clicking on the magnifying glass, your list of available dependents will pop-up. Select each dependent you would like to add to your plan from the left “Available Values” box and click the arrow to move them to the right “Selected Values” box, then “Submit.”

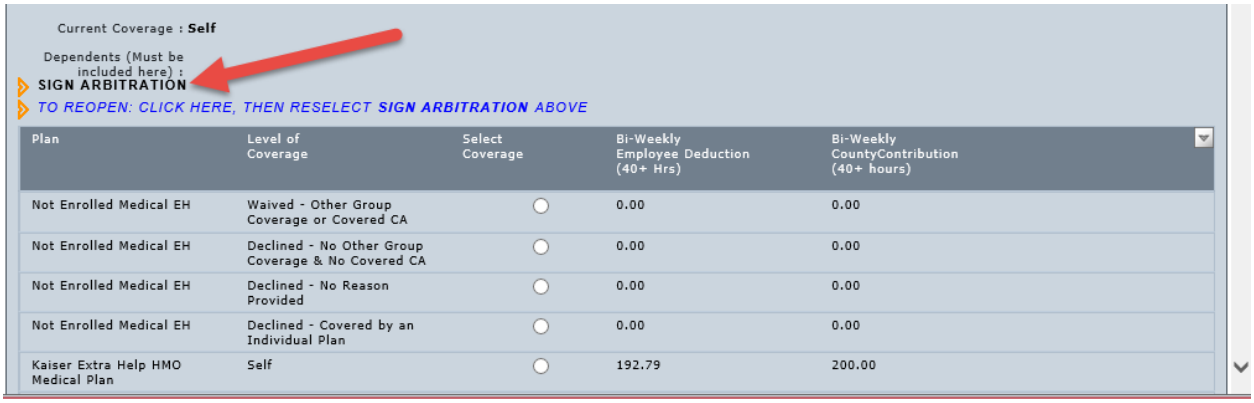


To remove a dependent from a plan, select the dependent and click the arrow to move them from the right “Selected Values” box to the left “Available Values” box, then “Submit.”



If you need to get back to the 'Contact Information' screen to make edits to your dependents, click on tab 1 "BENEFIT ELECTION OPTIONS" and then click **VIEW DEPENDENT INFORMATION**.

5. You must make a medical plan election. If you are choosing not to enroll in medical coverage, choose one of the "Not Enrolled Medical" options.
6. Before you can validate your elections, you will have to click on the **SIGN ARBITRATION** link to complete the Arbitration Agreement form for the selected medical plan.

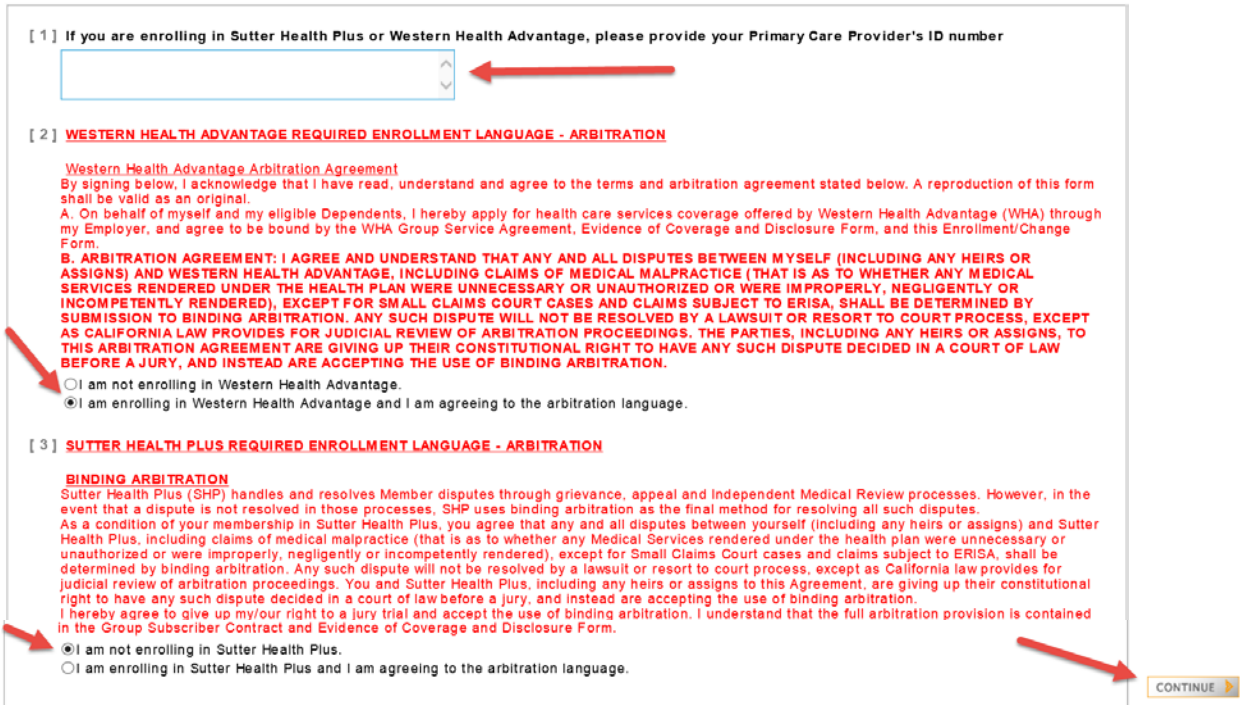


How to fill out the Arbitration Agreement form:

- First, you will populate the Primary Care Provider field if you are electing Sutter Health Plus or Western Health Advantage.
- Then, you will make an election after each Arbitration Agreement to state whether or not you are electing the plan and agreeing to the Arbitration Agreement.
- You will also indicate that you acknowledge and agree to the selected Health Plan's Arbitration Agreement by completing Question 6.
- Finally, you will select "COMPLETE," when the form has been completed.

If you change your medical plan election after completing the form, you will have to click on the link TO REOPEN: CLICK HERE, THEN RESELECT SIGN ARBITRATION ABOVE. You will then have to complete the **SIGN ARBITRATION** form again.

SIGN ARBITRATION



[1] If you are enrolling in Sutter Health Plus or Western Health Advantage, please provide your Primary Care Provider's ID number

[2] WESTERN HEALTH ADVANTAGE REQUIRED ENROLLMENT LANGUAGE - ARBITRATION

Western Health Advantage Arbitration Agreement
By signing below, I acknowledge that I have read, understand and agree to the terms and arbitration agreement stated below. A reproduction of this form shall be valid as an original.
A. On behalf of myself and my eligible Dependents, I hereby apply for health care services coverage offered by Western Health Advantage (WHA) through my Employer, and agree to be bound by the WHA Group Service Agreement, Evidence of Coverage and Disclosure Form, and this Enrollment/Change Form.
B. ARBITRATION AGREEMENT: I AGREE AND UNDERSTAND THAT ANY AND ALL DISPUTES BETWEEN MYSELF (INCLUDING ANY HEIRS OR ASSIGNS) AND WESTERN HEALTH ADVANTAGE, INCLUDING CLAIMS OF MEDICAL MALPRACTICE (THAT IS AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THE HEALTH PLAN WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENTLY OR INCOMPETENTLY RENDERED), EXCEPT FOR SMALL CLAIMS COURT CASES AND CLAIMS SUBJECT TO ERISA, SHALL BE DETERMINED BY SUBMISSION TO BINDING ARBITRATION. ANY SUCH DISPUTE WILL NOT BE RESOLVED BY A LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. THE PARTIES, INCLUDING ANY HEIRS OR ASSIGNS, TO THIS ARBITRATION AGREEMENT ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY, AND INSTEAD ARE ACCEPTING THE USE OF BINDING ARBITRATION.

○ I am not enrolling in Western Health Advantage.
◉ I am enrolling in Western Health Advantage and I am agreeing to the arbitration language.

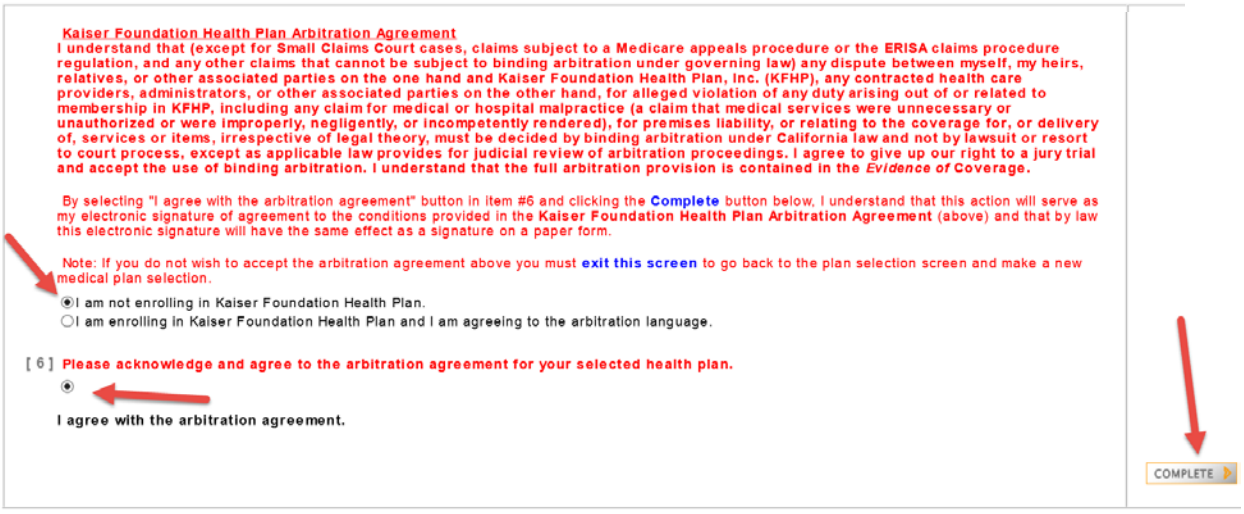
[3] SUTTER HEALTH PLUS REQUIRED ENROLLMENT LANGUAGE - ARBITRATION

BINDING ARBITRATION
Sutter Health Plus (SHP) handles and resolves Member disputes through grievance, appeal and Independent Medical Review processes. However, in the event that a dispute is not resolved in those processes, SHP uses binding arbitration as the final method for resolving all such disputes.
As a condition of your membership in Sutter Health Plus, you agree that any and all disputes between yourself (including any heirs or assigns) and Sutter Health Plus, including claims of medical malpractice (that is as to whether any Medical Services rendered under the health plan were unnecessary or unauthorized or were improperly, negligently or incompetently rendered), except for Small Claims Court cases and claims subject to ERISA, shall be determined by binding arbitration. Any such dispute will not be resolved by a lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. You and Sutter Health Plus, including any heirs or assigns to this Agreement, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of binding arbitration.
I hereby agree to give up my/our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Group Subscriber Contract and Evidence of Coverage and Disclosure Form.

◉ I am not enrolling in Sutter Health Plus.
○ I am enrolling in Sutter Health Plus and I am agreeing to the arbitration language.

CONTINUE

SIGN ARBITRATION



Kaiser Foundation Health Plan Arbitration Agreement
I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the *Evidence of* Coverage.

By selecting "I agree with the arbitration agreement" button in item #6 and clicking the **Complete** button below, I understand that this action will serve as my electronic signature of agreement to the conditions provided in the **Kaiser Foundation Health Plan Arbitration Agreement** (above) and that by law this electronic signature will have the same effect as a signature on a paper form.

Note: If you do not wish to accept the arbitration agreement above you must **exit this screen** to go back to the plan selection screen and make a new medical plan selection.

◉ I am not enrolling in Kaiser Foundation Health Plan.
○ I am enrolling in Kaiser Foundation Health Plan and I am agreeing to the arbitration language.

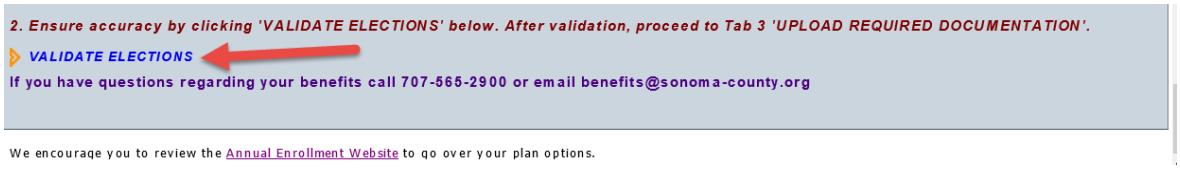
[6] **Please acknowledge and agree to the arbitration agreement for your selected health plan.**

◉ **I agree with the arbitration agreement.**

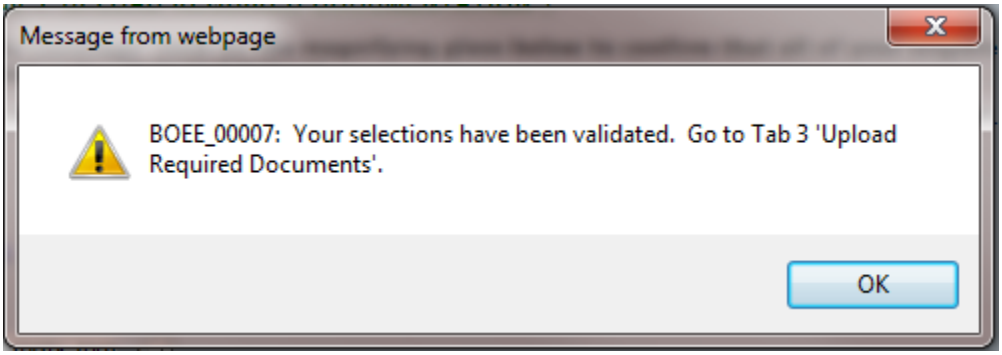
COMPLETE

Validate Elections

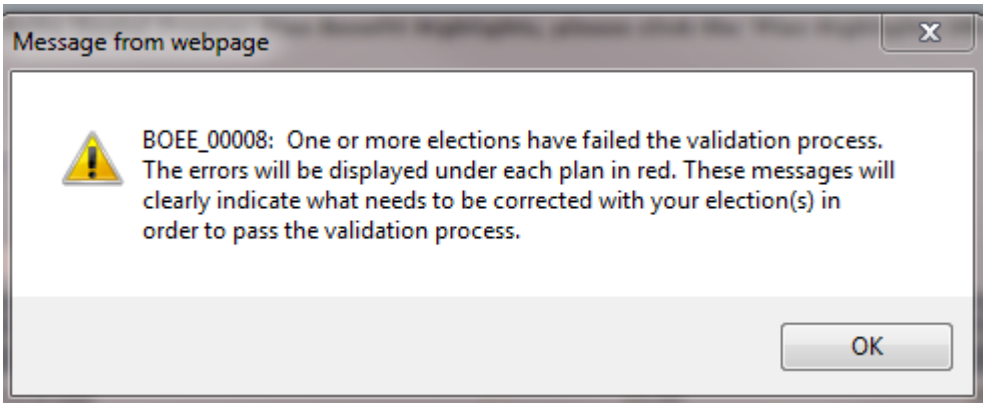
1. Once all changes have been made, scroll down to the bottom of tab 2 “SELECT BENEFIT PLAN(S)” and click on “Validate Elections”



2. A message box will appear on the screen with either “Your selections have been validated” or “One or more elections have failed the validation process” Click OK.

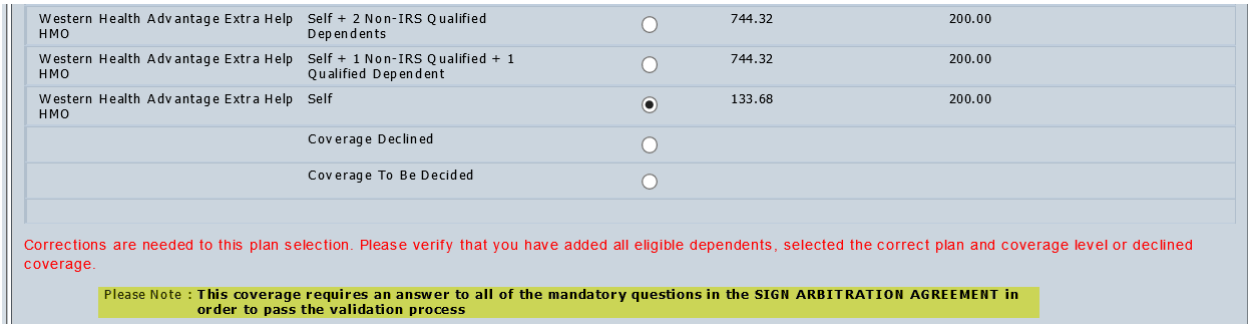


OR



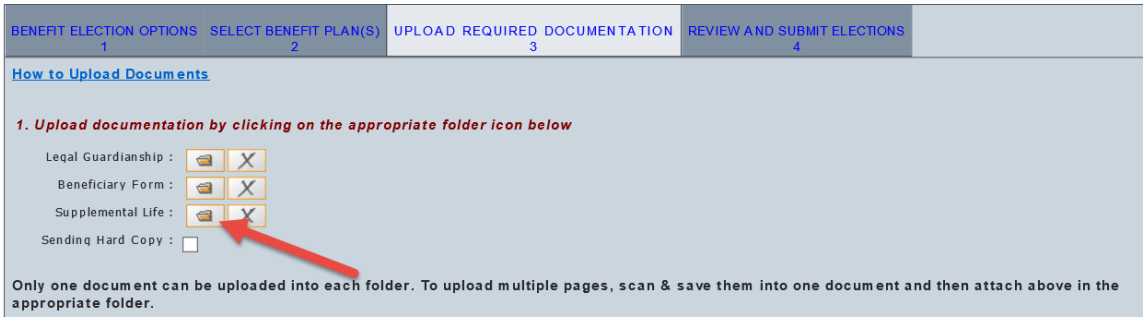
Below is an ‘error’ example:

1. This is where the employee forgot to complete the **SIGN-ARBITRATION** screens linked above the medical plans.

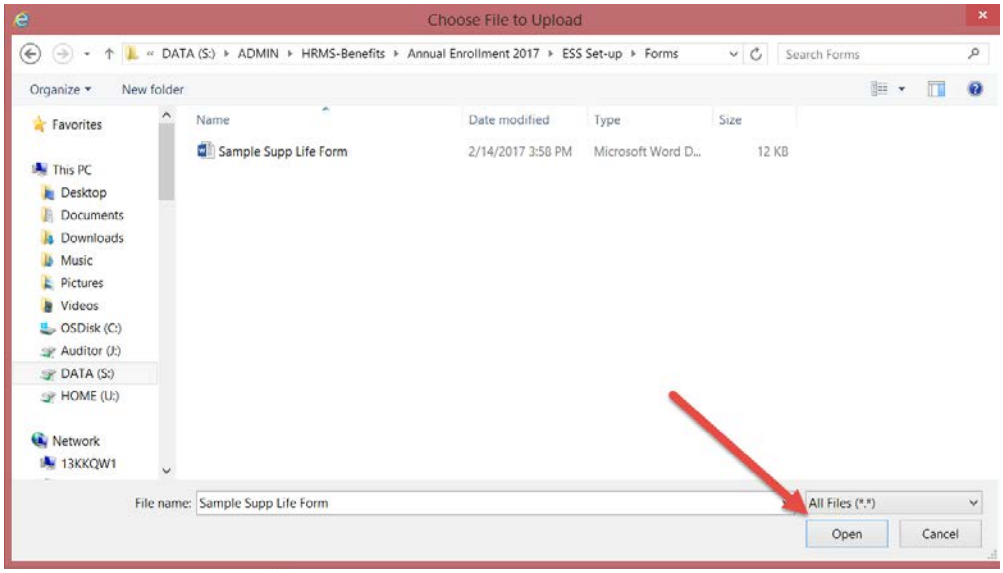


Upload Required Documentation

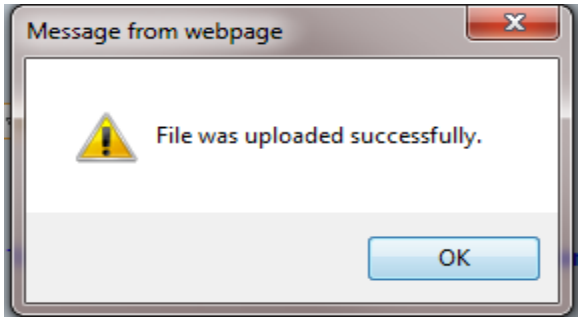
1. Select tab 3 UPLOAD REQUIRED DOCUMENTATION.
2. To upload the form or proof click on the folder icon 



3. Windows Explorer will appear as a pop-up, find the document on your computer and click on Open



4. You will receive a pop-up

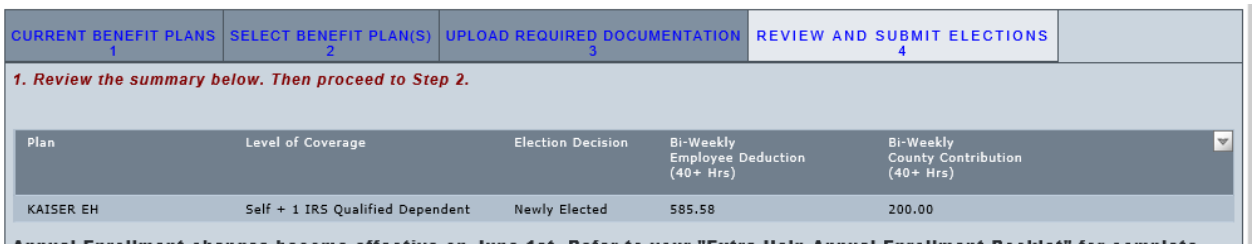


5. The form name will show on tab 3.

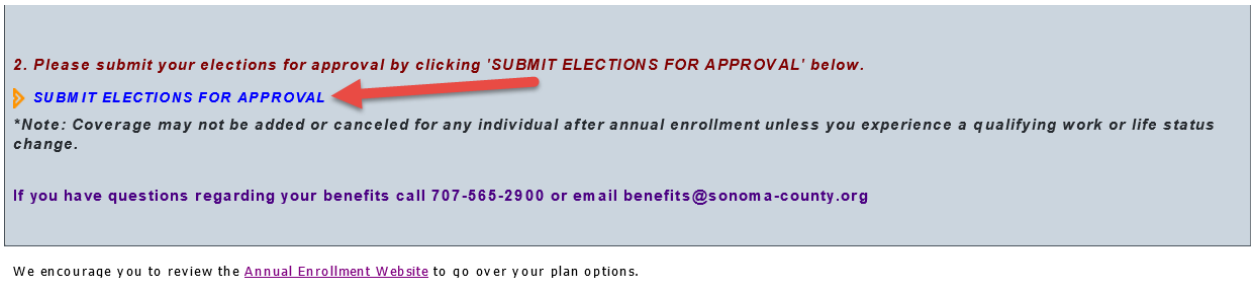
Review and Submit Elections

The last step is to review and submit your elections.

1. Select tab 4 REVIEW AND SUBMIT ELECTIONS

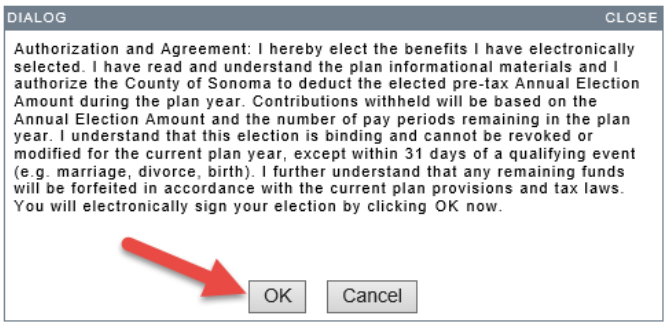


2. Select **Submit Elections for Approval**

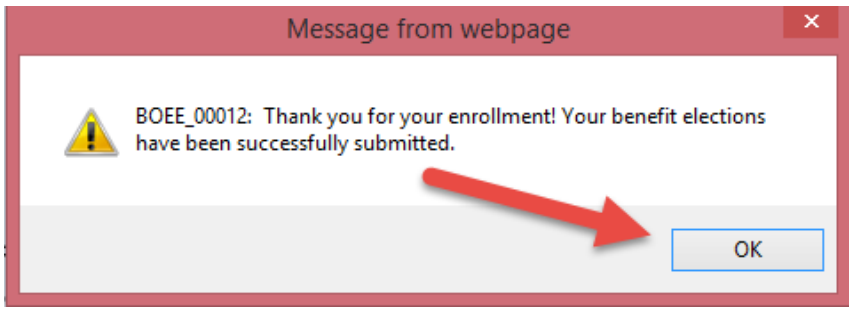


We encourage you to review the Annual Enrollment Website to go over your plan options.

3. A text box will show on the screen that includes an Employee Authorization and Agreement. Click OK



4. You should now see a box that states your benefit elections have been successfully submitted. Click OK



Congratulations! You have completed your Annual Enrollment elections. Look for an email from HR Benefits in April confirming your June 1st benefit plan enrollment.

No Changes Needed

Even though you may have no changes, we want you to log into ESS to view your dependent information and current elections to verify that everything looks correct.

Your prior benefit elections will rollover into the new plan year if you do not make changes.